

## TB CLINIC STRUCTURE AND MANAGEMENT

Name of reviewer: \_\_\_\_\_

Date of review: \_\_\_\_\_

Name/site of clinic: \_\_\_\_\_

**Key: NA = Not applicable; M = Met; NM = Not Met**

<b>A. ACCESSIBILITY</b>	NA	M	NM
1. Clinic hours sufficient to meet clients' needs			
2. Open at least two days a week for TB testing			
3. Services free, minimal, or on a sliding scale			
Comments:			
<b>B. RANGE OF SERVICES</b>			
1. Capability to evaluate patients for possible latent tuberculosis infection (LTBI)			
a. Personnel trained to place and read tuberculin skin tests (TSTs)			
b. Chest radiographs available on site and/or by referral			
c. Personnel trained to properly collect sputum samples			
2. Capability to evaluate and/or refer patients for active tuberculosis disease			
3. Treatment capability for LTBI and/or TB disease			
4. Medical consultation available (to include prescription writing)			
Comments:			
<b>C. CLINIC ENVIRONMENT</b>			
1. Signs at entrance indicate location of TB testing services			
2. Waiting areas clean and ventilated			
3. Culturally appropriate education materials for patients			
4. Patient information regarding clinic hours, costs, services			
5. Examination rooms clean and private			

6. PPD is stored between 2-8°C or 35-46°F			
6. Staff are courteous and respectful			
7. Staff discuss patient information confidentially			
8. Culturally and linguistically appropriate services are available			
Comments:			
<b>D. MEDICAL RECORDS OF PATIENTS DIAGNOSED WITH LTBI (NO MEDICATIONS)</b>			
1. Date and results of TST documented			
2. TB reactor form (or other assessment tool) completed			
3. Chest radiograph results documented			
4. Documented justification for not offering medications or signed refusal			
Comments:			
<b>E. MEDICAL RECORDS OF PATIENTS DIAGNOSED WITH LTBI (ON MEDICATION)</b>			
1. Patient assigned to nurse for case management			
2. MD order for medication			
3. Consent for INH (or other meds) signed by patient			
4. INH questionnaire completed (if applicable)			
5. LFTs drawn as per hepatotoxicity risk			
6. Documentation of medication compliance, response to medication documented at least every 30 days			
7. Documentation of therapy completed and card sent with signs and symptoms of active TB disease			
8. Blood tests available on site and/or referral			
9. Confidentiality of medical records maintained			
<b>F. CLINIC MANAGEMENT STRUCTURE</b>			
1. Staff orientation and training conducted and documented			

2. Clinic policies and procedures documented and updated as needed			
3. Universal precautions observed			
4. Isolation procedure for suspected TB cases documented			
Comments:			
<b>G. CASE REPORTING</b>			
1. Reports of confirmed or suspected TB disease called in to the state health department on the same working day of notification			
2. Contact investigations started on all confirmed or suspected TB disease cases within 3 working days			
Comments:			

Please write any additional comments below:

# CLINIC REVIEW

1. Describe the clients who utilize the services of your health department?

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2. What changes are you seeing in the population you serve (such as increase in foreign born, homeless, drug use)?

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3. What TB services do you provide?

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Describe the resources you have to adequately provide these services.

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What type of targeted testing do you conduct?

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4. What is the rate of TB for your community (how many active cases per year, number of LTBI cases seen each year)?

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How is this changing?

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5. What languages are spoken in your community and what medical interpreter resources do you have?

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6. How do you maintain confidentiality?

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7. What are your training needs (list three and rank)?

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8. What can we do to assist you with providing TB care and treatment?

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9. Have you selected safety syringes for your program? Which type?

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Strengths of program: \_\_\_\_\_

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Weaknesses or needs of program: \_\_\_\_\_

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